



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Office of the Governor

COMMISSION FOR HUMAN RIGHTS

800 A Street, Suite 204
Anchorage, Alaska 99501-3669
Main: 907.274.4692 / 907.276.7474
TTY/TDD: 711 for Alaska Relay
Fax: 907.278.8588

May 24, 2019

Human Resources Director
Main Building Maintenance
111 E Laurel Street
Suite 100
San Antonio, TX 78212

**Re: Simaika Tagaloa v. Main Building Maintenance
ASCHR No. J-19-098
EEOC No. 38A-2019-00136**

Dear Sir or Madam:

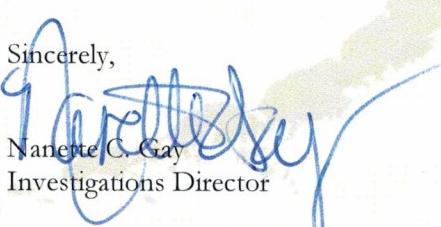
I am enclosing a copy of a complaint that has been filed with the Alaska State Commission for Human Rights (the Commission). The complaint alleges that you have violated the Alaska Human Rights Law, AS 18.80.010, et seq.

The Commission is the state agency charged with the impartial investigation of discrimination complaints brought under the Alaska Human Rights Law. **Please note that the law requires that you save all records pertinent to this case.** This includes email that may be subject to auto-deletion programs. Please take the steps necessary to ensure that all email relevant to this case is retained until final disposition of this complaint.

The Commission encourages voluntary settlement of complaints and offers a confidential mediation service. If both parties choose to participate in mediation but are not able to reach an agreement, the case will be referred to an investigator for a full investigation of the complaint. The agency's mediator will contact you to inquire about your willingness to participate in the mediation process and to answer any questions you may have.

You are encouraged, but not required, to promptly submit a response to the complaint's allegations and attach documents you believe are relevant to the case. In your response, please provide the name and title of the individual whom Commission staff should contact during the investigation. Please direct your response and any questions you may have about this case to me. My telephone number is 792-7249. I will be writing to you soon with the name of the investigator who will work on the case.

Sincerely,


Nanette C. Gay
Investigations Director

Enclosures: Complaint of Discrimination
Authorization to Release Information

ALASKA STATE COMMISSION FOR HUMAN RIGHTS
AUTHORIZATION TO RELEASE INFORMATION

CASE NAME: *Tagaloa, Simaika v. Main Building Maintenance*

ASCHR NO. J 19 098

I, *Simaika Tagaloa*, hereby authorize and direct any and all agencies to release to the Alaska State Commission for Human Rights any documents pertaining to me, relevant to the investigation of the above-captioned complaint.

This authorization includes examination and copying of documents, including but not limited to any and all personnel records, performance evaluations, financial records, applications, medical records, hospital records, all tests of any type, diagnosis, prognosis, etc. I further authorize and direct the above-named party(s) to furnish oral reports to the Alaska State Commission for Human Rights as may be requested.


Signature

5/16/19
Date

ALASKA STATE COMMISSION FOR HUMAN RIGHTS

COMPLAINT OF DISCRIMINATION

ASCHR NO. J 19 098

Complainant: Simaika Tagaloa

Address: 7890 Creekside Ctr Drive # J2
Anchorage, AK 99504

Telephone: (907) 887-9286

Respondent: Main Building Maintenance

Address: 111 E Laurel Street, Suite 100
San Antonio, TX 78212

Telephone: (210) 738-1123

Date of most recent discrimination: April 1, 2019

Respondent employs: 15+

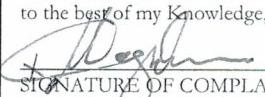
I would also like to file this complaint with the EEOC. Yes No N/A

I was employed as a linen inventory worker at the Joint Base Elmendorf-Richardson (JBER) Hospital since August 2004. Respondent terminated my employment on April 1, 2019.

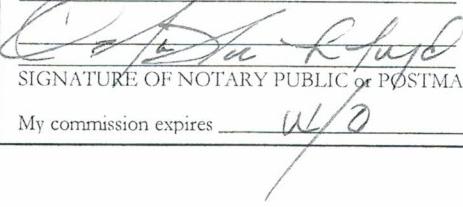
I allege that respondent has discriminated against me on the basis of my race, Samoan, in violation of AS 18.80.220, and Title VII of the Civil Rights Act of 1964, as amended, for the following reasons:

On April 1, 2019, respondent's manager informed me that my employment was being terminated, alleging that I ate breakfast on the clock. Respondent did not terminate other employees not of my race for similar actions. I believe respondent discriminated against me based on my race when it terminated my employment.

I swear or affirm that I have read the above Complaint and that it is true to the best of my knowledge, information and belief:


SIGNATURE OF COMPLAINANT

Subscribed and sworn to me this 16th day of May, 2019
at Anchorage


SIGNATURE OF NOTARY PUBLIC or POSTMASTER

My commission expires W/O

If no notary public is available, please certify below:

A notary public or other official empowered to administer oaths is not available. Therefore, I swear and certify under penalty of perjury and the above complaint is true to the best of my knowledge, information and belief.

SIGNATURE OF COMPLAINANT

DATE

PLACE (City, Town, or Village and State)

